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ABSTRACT

A pioneering residential child care project in inner city Dublin began operations in July 1981. The project was designed to function as a resource for seriously deprived or at-risk children and their families. The community served is one characterized by exceptionally high unemployment, a 10 percent rate of heroin addiction among local 15- to 19-year-olds, a disproportionately high rate of children in care, and poverty and associated powerlessness. Specifically, the project offers six residential places on a short to medium term basis for local children 8 to 12 years of age who live not more than a 20-minute walk from the project premises. In addition, the project works with residents' families, offers a "drop-in" facility for peers and siblings of residents, provides day care to selected local children on a short term basis, and conducts counseling and community work. Included in this paper are a statement of project objectives, a table detailing data on resident children at the end of February 1984, a description of the program, and a discussion of implications of the project for residential care community services. (RH)

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NEIGHBOURHOOD BASED RESIDENTIAL CHILD CARE : A LOCAL RESIDENTIAL CHILD CARE UNIT AS A RESOURCE FOR INTEGRATED AND FLEXIBLE CHILD AND FAMILY CARE IN DUBLIN

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This paper describes a Project of the Society of St. Vincent de Paul in Ireland.

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Introduction

This paper describes a pioneering residential child care project in inner city Dublin. which commenced in July 1981. The Project seeks to act as a resource to seriously deprived or at-risk children and their families. Rather than remove children from their familiar environment in order to help them, this Project aims to work with the children in, and close to, the context in which their problems arise, in order that they may acquire the coping skills to survive adequately after discharge. The programme of the Project is wide ranging (see below) and revolves essentially around two tasks, - assessment and preparation, assessment of need and of the appropriate response (including whether a child should/(not) return home) and preparation for the child's future placement, involving child and prospective caretaker.

The children, their parents and families, and the community in which they live are the victims of multiple deprivation. This inner city community has been ravaged by exceptionally high unemployment, (National Economic and Social Council (1981)), by a 10% rate of heroin addiction among local 15 - 19 year olds, (Bradshaw (1983)), by a disproportionately high rate of children in care, (Ireland; Dept. of Health, (1983)), by poverty and the associated powerlessness, (National Economic and Social Council (1981)). The families served by the Project have serious problems which are summarised in Table 1. The children inevitably have serious problems too, serious delinquency, truancy, expulsion from school, inadequate social skills or self-esteem; indeed they will not be considered for admission unless their needs cannot be met in any other way. There must also be some prospect of rehabilitation of/to the natural family. To date thirteen children have been admitted

since the Project opened in July 1981 and some basic data about their relationship with the Project may be found in Table 1. Briefly, four are still in process, five are discharged and considered successes, three are having problems and one is likely to be readmitted.

Projective Objectives

Gilligan (1982) has enumerated the Project's objectives as follows:

i) to explore and test the viability of a community based approach to the full time care of seriously at-risk, deprived and disturbed or delinquent pre-teenage children as an alternative to previously standard placements in large scale single sex institutions which are usually situated at a considerable remove from the child's family and community of origin;

ii) to provide care to six children from North Inner Dublin whose family situation is severely deficient or functioning at such a low level that the child's removal to some alternative caring arrangement is strongly indicated;

iii) to involve directly in the work of the Project the families of the children concerned in order to:

   a) retain links between the child and his/her family, links which are invariably much more difficult to sustain at the remove of conventional residential care;

   b) seek to develop more positive relations between the child and his/her family;

   c) seek to help the family find a more satisfactory level of functioning in terms of the care of all its members.

iv) to promote more positive attitudes among the local community towards the problems of at-risk children and their families by:

   a) demonstrating a viable and constructive response as a real alternative to the community's typically more punitive and rejecting inclination;

   b) involving the children as far as possible in the mainstream of community activities;

   c) involving local volunteers with appropriate interests and skills in the day to day working and running of the Project;

   d) offering informal support and encouragement where possible to indigenous effort for the care of local children and young people generally;

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Table 1

DETAILS OF CHILDREN AT END OF FEBRUARY, 1984

	Sex	Age on Admission	Length of Stay (Months)	Period since discharge (Months)	Current Circumstances	'Presenting Family Problems										
						Parental Alcoholism	Relative Drug Addicted	Death of Relative by Violence	Unemployment	Involvement in Crime by Relative	Reconstituted Family/Single Parent	Parent(s) in Care as Children	Siblings in Care	Home Management Problems	Child Management Problems
1	M	11	19	12	At home, in trouble with law. Has absconded from local unit for older boys	✓	✓	✓	✓	✓	✓		✓		✓
2	M	10	7	24	At home, in trouble with law. Left prematurely due to parental collusion	✓		✓		✓					✓
3	M	12	17	14	At home, doing well, no trouble with law. Regular contact with Project	✓	✓		✓	✓	✓	✓	✓	✓	✓
4	M	9	8	17	In long term foster-care with 4 sisters - doing very well			✓					✓	✓	✓
5	M	9	26	0	Just transferred to long term foster care	✓	✓		✓		✓			✓	✓
6	F	10	2	18	Absconded, never engaged properly due to parental collusion and tenuous links with locality	✓	✓		✓	✓		✓	✓	✓	✓
7	M	10	9	6	At home. Doing well. Regular family contact with Project				✓		✓	✓			✓
8	M	10	10	6	At home. Doing quite well. Regular contact with Project				✓		✓				✓
9	M	11	12 -	-	Still in process. Doing well. (Sibling of No.3)	✓	✓		✓	✓	✓	✓	✓	✓	✓
10	F	11	9 -	-	Still in process. Doing well. (Sibling of No.1)	✓	✓	✓	✓	✓	✓		✓		✓
11	M	7	5 -	-	Still in process. Doing well.	✓								✓	✓
12	M	11	3.5 -	-	Still in process. Doing well.				✓	✓	✓	✓		✓	✓
13	M	8	1.5	2	Admitted during mother's psychiatric hospitalisation. Now in day care with view to possible return to full-time care						✓				✓

* All admissions are voluntary

[illegible] tions are those of the author in consultation with the Project Leader, Josephine McGourty, and Project Workers, Tessie

v) to contribute to the gradually developing indigenous body of Irish knowledge about fresh and pioneering approaches to the problems of at risk children and families particularly through the action research which has been commissioned to monitor the Project's progress.

Project Programme

The programme which continues to be developed by the Project's five members of staff contains a variety of elements which together serve the overall objectives.

1) Residential Care

The project offers six residential places on a short to medium term basis (i.e. from four months to generally not more than two years) for local children in the 8 - 12 age group, who live not more than, say, twenty minutes walk from the Project premises. The residential task with those children consists of:

a) assessment of need (begins prior to admission and continues thereafter)

b) promotion of self awareness, confidence, and future survival skills for life in their family and community and

c) detailed planning for placement after discharge, which ordinarily should entail preparation for return to the family of origin, or where this proves unfeasible or undesirable, preparation for a suitable alternative (permanent) placement, e.g. long term fostering.

The residential care programme itself has a number of constituents:

i) physical care

ii) planning and support in relation to educational needs

iii) individual counselling

iv) weekly group meeting for all children and staff which addresses practical and emotional issues in the lives of the children

v) regulating, monitoring and supporting contact with parents, family, peers and the local community

vi) a programme of social and recreational activities, which seek to exploit local opportunities and resources where at all possible

vii) regular case reviews.

2) Work with the residents' families

Project staff maintain and seek close links with the parents and families of children resident in the Project. Where at all possible the thrust of this aspect of the work is to give (back) to parents the power, responsibility and confidence necessary to play their parental role. The accumulation of negative experiences in their lives has seriously undermined their sense of self and self esteem. The Project's work with residents' families includes:

i) securing an initial (voluntary) commitment to cooperation with the aims and terms of the placement

ii) regular contact (weekly plus) through home visits by staff and visits by parents to the Project premises

iii) occasional three-way meetings as required between child, parent and staff

iv) liaison with social workers and other welfare agencies as appropriate.

3) "Drop-in" Facility

On an informal basis, a drop in facility exists for the use of peers and siblings of residents. Those who "drop-in" tend to do so regularly, even daily and see the staff as adults who may be consulted about personal or family matters as the need arises. This use of the Project suggests that its approach makes sense to local youngsters who might be alienated by other methods. While this facility is seen as an important element of the Project, the house is the residents' current home and therefore access is carefully regulated so as not to disrupt normal routines. Drop-in users accept and respect these restrictions.

4 Day Care

On a more formal basis, part time (out of school hours) day care is offered to selected local children on a short term basis, e.g., where a child could gain from such structure/stability or where day care can be used as a basis for an assessment of the need for admission to full time care. Two current residents were referred, initially, on this basis. In the case of day care, parents and guardians are involved in the planning of objectives and activities and are required to collect the child each evening.

5 Group Work

A group for seven local adolescents ran weekly for eight months until recently. Some of the 'drop-in' users and their friends made up the group, and except for one early change of personnel, the membership and attendance remained constant throughout. The group was launched by a student on her final C.Q.S.W. placement and was continued, on her departure, by two staff members. It addressed many issues of concern to the young people, e.g. growing up, self image, relationships, local living, survival in modern society.

A new group devoted to the needs of residents' parents is being considered.

6) Community Work

If the staff are to remain attuned to the influences affecting the children and their families, then it is essential to be close to the 'pulse' of the local community. This slowly evolving aspect of the Project's practice includes the following elements:

i) liaison with immediate neighbours (with whom relations are quite good) on matters of common concern

ii) liaison with local professional and voluntary groups on issues relevant to the needs of local children

iii) possible achievement of a local "demonstration affect" in terms of hopeful ways of helping children and families who are often quite rejected by their peers in their community

iv) the creation of opportunities of involvement by local people in the Project, through employment, work experience/training schemes, as volunteers or by membership of the management committee.

7) Consultancy and Training

These inputs to the programme are of three kinds, sessions devoted to inter-staff relations and issues, sessions, including case reviews and case conferences, devoted to assessing and planning strategies of intervention in respect of the children and sessions devoted to supporting work with the children's families. The two consultants who undertake this work are a consultant psychologist and a field social worker with extensive child welfare experience.

Besides providing training opportunities for its own staff, the Project also offers placements to social work students and a traineeship for a local young unemployed person who is considering a career in residential care.

Volunteer Involvement

Up to half a dozen people act as volunteers in the work of the Project on a weekly sessional basis. They are from varied backgrounds (e.g. professional, student, local) and are attracted to the philosophy and ethos of the Project. They participate and assist in the general activities and some may share a regular sleeping-in duty with a staff member.

Research

Given the pilot nature of the Project considerable importance has been attached to having its work fully researched and evaluated. To this end, an action-researcher has been commissioned to evaluate the three year pilot phase. This research, which entails high staff involvement should be completed in late 1984.

Discussion

Two emerging views of the potential role of residential (child) care are reflected in this Project, firstly the view that residential provision can be an integral resource for, rather than a residual part of social intervention and secondly, the view that residential care could profitably adopt a 'patch' focus. A variety of British and American writers have described the possibility of an enhanced and integrated

role for the residential unit, e.g. Parker (1980) and Simmons, Gumpert and Rothman (1973), Whittaker (1979). The case for the adoption of a "patch" or a community based approach has also been canvassed, e.g. Barclay Committee (1982); Ireland: Task Force on Child Care Services (1980); Moss (1975), Parker (1980) and Tutt (1974). There are also some descriptions of patch based residential centres available. Gilligan (1982) reviews the early stages of this Project; and Manning (1979) describes a comparable project for older boys in the same area of Dublin. Hudson (1981) describes another children's unit and Duncan (1984) describes a unit for old people.

What might be the lessons to be gained from this particular piece of practice.

1) "Patch-based" residential child care seems to make sense to many potential residents and their families. There may be ambivalence on both their parts initially at the prospect of placement, a healthy sign! But if placement is to achieve anything, it has been found important that the parents develop their commitment at least to the point that if/when the child absconds, they are prepared to cooperate in seeking his/her return or reporting the child's whereabouts. If this level of cooperation is not eventually forthcoming, it seems to be impossible for the child to sustain a commitment to the placement after the "honeymoon period" following admission wanes.

2) The 'patch' based residential centre, if successful can cultivate a positive image in the locality. This image can be productive in relations with local professionals but more importantly it may dispose potential clients more favourably towards the Project if there is good feedback from current users on the local gossip network.

3) The local unit can also use immediate conflict within the child's family or community as therapeutic "raw material". In the shelter of care, the child can explore and practice their response in advance of full re-exposure to these stresses on discharge.

4) The 'patch'-based project is close enough to the lived reality of the child to be able to identify and respect the strengths in their environment rather than be seduced entirely by an exclusive pre-occupation with deficits.

5) As might be expected, after care becomes a vital determinant of the overall outcome of the Project's intervention in a child's life. It seems that favourable effects are likely to endure only if an individual plan is carefully negotiated and devised in a way which involves the child and his/her prospective caretaker. In many instances, the Project is able to and will remain an important source of support after discharge from residence.

6 The experience of the Project seems to endorse the view that residential care can be a base and resource for a series of possible graded and integrated interventions in relation to the target client group.

7) The extra dimensions of work, beyond those of conventional residential care, pose extra demands on and offer fresh rewards to staff. As a team, they must be versatile and flexible and it seems likely that, as in this case, that staff members with a variety of relevant experience: e.g. residential/non residential, teaching, community work, local backgrounds <u>together</u> can produce the desired blend of practice.

8) The project staff get to know the child (and his/her family) better than other workers; therefore it seems to make sense that project staff carry full professional responsibility for the child even where administrative accountability remains with the field social worker.

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